



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000091249 1. Entity Name JACQUELINE WIESNER PROFESSIONAL MASSAGE THERAPY INC.	
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Principal Place of Business 2231 UNIT B MCGREGOR BLVD SUITE B. FT MYERS, FL 33901	Mailing Address 2231 UNIT B MCGREGOR BLVD SUITE B. FT MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE

		
04062008	No Chg-P	CR2E034 (11/05)
4. FEI Number 65-0866530	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WIESNER, JACQUELINE
 1614 NE 7 STREET
 CAPE CORAL, FL 33909**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000925836
 05/20/08-80043-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIESNER, JACQUELINE 1614 N.E. 7 STREET CAPE CORAL, FL 33909
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacqueline P. Wiesner Date: 4-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR